

NIMITZ BAND HEALTH INFORMATION FORM

The purpose of the following information is to assist in obtaining prompt, appropriate medical care in case of illness or accident.

Student's Full Name _____ Home Phone _____

Guardian #1 _____ Work Phone _____

Guardian #2 _____ Work Phone _____

Emergency cellular phone number if applicable _____

Family Physician _____ Phone _____

INSURANCE INFORMATION

Company _____ Phone _____

Policy number _____ Person that insurance is listed under _____

Address _____

Name and phone numbers of persons to be contacted if parents are unavailable:

Medications student is allergic to:

Please give details concerning present or past health conditions which might present a problem for this student, i.e. allergies, asthma, diabetes, etc.

